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 Email: nursing.board@state.mn.us
 Website: www.nursingboard.state.mn.us

BORDER STATE LICENSE RECOGNITION REPORT OF EMPLOYMENT

The information and evidence you are asked to provide on this application is authorized by Minnesota Statutes and will be used to determine your eligibility to practice in Minnesota under a licensure privilege; enable us to contact you when necessary; identify you and comply with certain federal and state reporting requirements. Minnesota Statute Sec. 270C.72 requires applicants to provide their Social Security number and Minnesota business identification number on all license applications. All data submitted on the application, except social security number and responses to the eligibility questions, is public. Some or all of the data may be given to the Commissioner of Revenue, the Legislative Auditor, in response to a court order, or others in accordance with statutes, rules and professional standards.

You are legally required to submit true and complete information. Furnishing the requested information means the information may be provided to parties listed above. Refusal to supply information may result in the Board's refusal to add you to the border state registry and you will not be authorized to practice nursing in Minnesota. Falsification or omission of information may be used by the Board as a basis for disciplinary action.

• Type or print clearly • Use black ink • Provide all information • Incomplete reports will be returned • Do not use initials or abbreviations

APPLICANT INFORMATION

LAST NAME		FIRST NAME		MIDDLE NAME	
				<input type="checkbox"/> No middle name	
MAIDEN NAME		OTHER LAST NAME(S)		PHONE NUMBER <input type="checkbox"/> Home <input type="checkbox"/> Business ()	
STREET ADDRESS					
CITY		STATE/PROVINCE		ZIP/POSTAL CODE COUNTRY	
E-MAIL ADDRESS				BIRTH DATE (mm/dd/yyyy) GENDER <input type="checkbox"/> Male <input type="checkbox"/> Female	
UNITED STATES SOCIAL SECURITY NUMBER Required by Minn. Stat. Sec. 270C.72				<input type="checkbox"/> I do not have a US Social Security number at this time but will notify the Board if/when I obtain a US Social Security number	
NAME OF SCHOOL OF NURSING				GRADUATION DATE (mm/dd/yyyy)	
CITY/STATE/COUNTRY OF SCHOOL OF NURSING				TYPE OF PROGRAM <input type="checkbox"/> RN <input type="checkbox"/> LPN	

ELIGIBILITY INFORMATION

Provide an explanation for every Yes response to questions 1-3

BORDER STATE IN WHICH CURRENTLY LICENSED	LICENSE TYPE <input type="checkbox"/> RN <input type="checkbox"/> LPN	LICENSE NUMBER	EXPIRATION DATE(mm/dd/yyyy)
1.	<input type="checkbox"/> Yes <input type="checkbox"/> No	Do you have, or have you ever had, an adverse action on your nursing license in the border state indicated above?	
2.	<input type="checkbox"/> Yes <input type="checkbox"/> No	Are you participating in an alternative or diversion program?	
3.	<input type="checkbox"/> Yes <input type="checkbox"/> No	Have you ever been refused a license to practice in nursing in Minnesota?	
4.	<input type="checkbox"/> Yes <input type="checkbox"/> No	Have you ever been licensed as a licensed practical nurse in Minnesota? If yes, Minnesota license number _____	
5.	<input type="checkbox"/> Yes <input type="checkbox"/> No	Have you ever been licensed as a registered nurse in Minnesota? If yes, Minnesota license number _____	

MINNESOTA NURSING PRACTICE USING BORDER STATE RECOGNITION

NAME OF HEALTH CARE FACILITY

NAME OF DIRECTOR OF NURSING OF HEALTH CARE FACILITY

ADDRESS OF HEALTH CARE FACILITY

CITY

STATE

ZIP CODE

PHONE NUMBER OF HEALTH CARE FACILITY

E-MAIL ADDRESS

TYPE OF INSTITUTION

☐ Hospital☐ Clinic☐ Prepaid Medical Plan☐ Nursing Home☐ Other _____

START DATE (Month/Day/Year)

PRACTICING AS

☐ RN ☐ LPN☐ **ATTACH A COPY OF CURRENT LICENSE FROM BORDER STATE.**

LEGAL SIGNATURE

DATE (mm/dd/yyyy)

Mail completed form and fee to Minnesota Board of Nursing.
We do not accept faxed or emailed forms.

- You must submit this form and fee to the Minnesota Board of Nursing each time you change employment.
- You must submit this form to the Minnesota Board of Nursing each time you renew your border state nursing license.
- You must inform the Board any time there is a change in your border state nursing license status.

See *Border State License Recognition Fact Sheet* on the Board's website for more information.